

FDCH

**PROVIDER FILE MATERIALS****Provider Name:** \_\_\_\_\_**Registered** \_\_\_\_\_**Certified** \_\_\_\_\_ **Capacity** \_\_\_\_\_ **Expiration Date** \_\_\_\_/\_\_\_\_/\_\_\_\_**Licensed** \_\_\_\_\_ **Capacity** \_\_\_\_\_ **Expiration Date** \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_**Agreement/Renewal**\_\_\_\_\_**Current Letter, Certificate, License**\_\_\_\_\_**Site Sheet (online)**\_\_\_\_\_**Enrollment Forms (checked monthly)**\_\_\_\_\_**Pre-Op Form** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Date**\_\_\_\_\_**Copy of “Adding New Provider” sheet**\_\_\_\_\_**Provider Tiering Checklist**\_\_\_\_\_**Provider Tiering Notice**\_\_\_\_\_**Annual Training** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Date****Monitor Reviews**\_\_\_\_/\_\_\_\_/\_\_\_\_ **1<sup>st</sup> Review**\_\_\_\_/\_\_\_\_/\_\_\_\_ **2<sup>nd</sup> Review**\_\_\_\_/\_\_\_\_/\_\_\_\_ **3<sup>rd</sup> Review**\_\_\_\_/\_\_\_\_/\_\_\_\_ **4<sup>th</sup> Review** [only if (1) claiming an outside child all day and do not claim lunch; and 2) providers who are located 100 miles or more from the sponsoring organization’s office.]